



## **APPLICATION FOR VOLUNTEER LICENSE INSTRUCTIONS**

### **SECTION 40-33-37. Volunteer licenses.**

- (A)** The board may issue a volunteer license without a fee to a retired nurse, upon written application, to donate nursing services through one specific charitable organization approved by the board if the nurse:
- (1)** has been granted inactive status and has practiced not less than twenty-five years or until age sixty-five after a minimum of fifteen years of practice;
  - (2)** submits evidence of completing not less than twenty-five hours of initial training with the charitable organization; and
  - (3)** has been on the official inactive status list for not more than ten years.
- (B)** A volunteer license is not transferable and authorizes the retired nurse to provide nursing services to others without remuneration of any kind. A separate application must be filed and a separate license must be issued for every charitable organization to which the retired nurse wishes to donate nursing services.
- (C)** A volunteer license may be renewed annually, except as otherwise provided in Section 40-1-50, upon application and satisfactory demonstration of continued competency or not less than twenty-five hours of service or additional training per year with the same charitable organization. A volunteer license may be renewed if the license has been renewed without interruption with the same charitable organization and all other qualifications have been met.
- (D)** The board may promulgate regulations to carry out the provisions of this section.



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of Nursing**

P.O. Box 12367 • Columbia, SC 29211

Phone: 803-896-4550 • Fax: 803-896-4515 • [www.llronline.com/POL/nursing/](http://www.llronline.com/POL/nursing/)



## **Criminal Background Check (CBC)**

Effective March 2, 2009, an applicant for a license to practice nursing in South Carolina shall be subject to a criminal history background check as defined in [40-33-25](#) of the Nursing Practice Act.

This process requires you to furnish a full set of fingerprints and additional information required to enable a criminal history background check to be conducted by the State Law Enforcement Division (SLED) and the Federal Bureau of Investigation (FBI). The cost of conducting a criminal history background check is \$54.25.

To schedule an appointment online with L-1 Enrollment Services (L-1), please visit <https://www.L1enrollment.com> or call 1-866-254-2366 for assistance in scheduling your CBC.

South Carolina applicants will need to show one (1) form of identification - South Carolina State Issued Photo Drivers License.

For out of state applicants who do not hold a South Carolina State Issued Photo Drivers license, you will need to submit two (2) forms of identification from the list below:

State issued photo Drivers License  
Social Security Card  
Passport  
Birth Certificate  
Marriage License

If you are a non-resident of South Carolina and reside in an area where no L-1 Enrollment Services /IBT fingerprinting centers are available, please follow the Non-Resident Card Scan Processing Procedures on the next page.

Click here or visit webpage <https://www.L1enrollment.com> to see if your state has L-1 Enrollment Services /IBT fingerprinting centers.





**Do not return fingerprint card or fingerprint processing fee to the Board.**

**Non-Resident Card Scan Processing Procedures**

Applicants who reside outside of South Carolina may use L-1's Card Scan Processing Program. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to an electronic fingerprint processing location. The section below details the procedures for submitting fingerprints to the Card Scan Processing Unit.

***South Carolina Licensing and Certification***

- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprint cards may be either traditional ink rolled fingerprints or electronically captured and printed fingerprint cards.
- Fingerprints may be submitted on FBI applicant cards.
- FBI applicant cards are available from the state agency requiring you to be fingerprinted (i.e. Department of Education, Insurance, Labor, Licensing, and Regulation, etc.). Please contact those licensing and certifying agencies directly to obtain fingerprint cards. *Due to agency specific information, L-1 does not provide fingerprint cards to applicants.*
- Applicants need to make sure the fingerprint card is completely filled out. Required information includes: ORI number, full name, social security number, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, and reason fingerprinted.
- The ORI number and Reason Fingerprinted that must be used for on the fingerprint card should be provided by the licensing or certifying agency. (For South Carolina Nursing Licensure use ORI # SC920112Z)
- **Failure to completely fill out the information on the fingerprint card will result in the card being returned to the applicant, which will delay the licensing process.**
- The fully completed card, along with the appropriate fee (indicated in the application packet) should then be mailed to the following address:

IBT  
ATTN: SC CARD SCAN  
1650 WABASH AVE SUITE D  
SPRINGFIELD IL 62704

**Please include a daytime telephone number where the applicant can be reached if we have a question about the fingerprint card.**

- Please include the full name of the applicant on each check or money order.
- ***Do not send completed certification or licensing applications to L-1;*** these documents should be returned to the state agency that will be issuing the license.
- Applicants wishing to verify that a fingerprint card has been processed may call 866-254-2366 and speak with a customer service representative.

**Do not return fingerprint card or fingerprint processing fee to the Board.**



1650 Wabash Avenue, Suite D, Springfield, IL 62704  
Telephone 217-793-2080 Facsimile 217-793-0141 [www.L1id.com](http://www.L1id.com)



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**APPLICATION FOR VOLUNTEER LICENSE**

Please print. Answer all questions and submit with proper fee. Careful completion of this application will avoid a delay in processing. Personal information provided in this application may be subject to public scrutiny or release under the SC Freedom of Information Act or other provisions of federal and state law. The disclosure of the social security number for identification purposes is authorized and mandated by state and federal statutes. The social security number is not subject to disclosure as public information.

**APPLICANT INFORMATION**

Full Legal Name: \_\_\_\_\_  
First Middle Maiden) Last

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Home Address: \_\_\_\_\_  
Street (physical address required) City State Zip

County: \_\_\_\_\_ Email Address: \_\_\_\_\_

SC Nursing License Number: \_\_\_\_\_ RN \_\_\_\_\_ LPN \_\_\_\_\_

Year SC Nursing License Placed on Inactive Status? \_\_\_\_\_

Years Practiced Nursing? \_\_\_\_\_

Have you ever been convicted pled guilty, or nolo contendere for violation of any federal, state, or local law, or do you have charges pending (other than minor traffic violation)?

☐ Yes ☐ No

*(If yes, attach a detailed letter of explanation & have a state criminal background check sent directly to the SC Board of Nursing)*

Have you ever had any investigation, formal complaint, disciplinary action or consent order filed against you by any person, hospital, or nursing board in any jurisdiction?

☐ Yes ☐ No

*(If yes, attach a detailed letter of explanation. Send a request to the board issuing the disciplinary action for a copy of the Final Order to be sent directly to the SC Board of Nursing.)*

Have you ever received disciplinary action by an employer for your job performance?

☐ Yes ☐ No

*(If yes, attach a detailed letter of explanation.)*

Have you developed any disease or condition, physical, mental, or emotional, that might interfere with your ability to competently and safely perform the essential functions of practice as a nurse?

☐ Yes ☐ No

*(If yes, attach a detailed letter of explanation. If you are currently enrolled in the Recovering Professional Program, you may answer "No" to this question )*

**CHARITABLE ORGANIZATION** (For which you wish to donate services)

Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_

**Attach a letter** from your charitable organization documenting that you have satisfactorily completed not less than 25 hours of initial training with their organization. (Section 40-33-37) This initial training should be completed through of a package of classroom instruction covering the prerequisite skills needed for your volunteer capacity and may also include a shadowing (non-participative) period.

I hereby apply to the SC State Board of Nursing for a license as a Volunteer Nurse in accordance with state law. I hereby swear/affirm the statements made in this application to be true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



South Carolina Department of Labor, Licensing and Regulation  
PO Box 12367  
Columbia, SC 29211

AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

**Section A: LAWFUL PRESENCE in the United States.**

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I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ☐ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ☐ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. ☐ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. ☐ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ☐ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. ☐ I am a US citizen, not physically present or employed in the United States.
  - b. ☐ I am a Foreign National, not physically present or employed in the United States.

***If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.***

**Section B: Secure and Verifiable Document.**

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***This section must be completed if you checked number 1 or 2 in Section A.***

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.
  - ☐ Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
  - ☐ Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. **State:** \_\_\_\_\_
  - ☐ Valid Temporary Resident Card
  - ☐ Certificate of Naturalization with intact photo
  - ☐ Certificate of (US) Citizenship with intact photo
  - ☐ Other: (Name of verifiable document) \_\_\_\_\_

2. Social Security Number \_\_\_\_\_
3. Enter the state or the federal agency name where this secure and verifiable document was issued. \_\_\_\_\_  
(If issued by a state agency, include both the state and agency name.)
4. What is the secure and verifiable document number? \_\_\_\_\_
5. What is the expiration date of your secure and verifiable document? \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

### **Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with Section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name as shown on your secure and verifiable document.

Professional

License

Type:

License

Number

(if

already

licensed):

***The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.***